

07-12-01

A/Re

07/11/01  
0962 U.S. PTOPlease type a plus sign (+) inside this box → 

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/902904  
07/11/01  
PTO

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	MBI-1064
First Named Inventor	DUNN
Original Patent Number	6,038,784
Original Patent Issue Date (Month/Day/Year)	3/21/2000
Express Mail Label No.	EL022641315US

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

1.  Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2.  Applicant claims small entity status. See 37 CFR 1.27.
3.  Specification and Claims in double column copy of patent format (amended, if appropriate)
4.  Drawing(s) (proposed amendments, if appropriate)
5.  Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6.  Power of Attorney
7. Original U.S. Patent currently assigned?  Yes  No  
(If Yes, check applicable box(es))
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8.  CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a.  Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i  CD-ROM (2 copies) or CD-R (2 copies); or
    - ii  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

10.  Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11.  Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
12.  Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
14.  English Translation of Reissue Oath/Declaration (if applicable)
15.  Preliminary Amendment
16.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: **Certificate of**  **Mailing via**  **Express Mail**

## 18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  or  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name	John L. Knoble, Reg. No. 32,387		
Address	KNOBLE & YOSHIDA, LLC, Eight Penn Center, Suite 1350 1628 John F. Kennedy Blvd.		
City	Philadelphia	State	PA
Country	USA	Telephone	(215) 599-0601

NAME (Print/Type)	John L. Knoble	Registration No. (Attorney/Agent)	32,387
Signature		Date	7/10/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue; Washington, DC 20231.

07/11/01

PTO/SB/56 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) MBI 1064					
Claims as Filed - Part 1										
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity				
				Rate	Fee	Rate	Fee			
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 49	**** 29 = x \$ 9 = 261	or	x \$ ____ =					
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 6	* 4 = x \$ 40 = 160				x \$ ____ =			
Basic Fee (37 CFR 1.16(h)) \$355								\$ _____		
Total Filing Fee \$776								OR	\$	
Claims as Amended - Part 2										
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity			
					Rate	Fee	Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ ____ =				x \$ ____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ ____ =				x \$ ____ =		
Total Additional Fee \$								OR	\$	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.										
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.										
*** After any cancellation of claims.										
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).										
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).										
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.										
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.										
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0462. A duplicate copy of this sheet is enclosed.										
<input checked="" type="checkbox"/> A check in the amount of \$ 776.00 to cover the filing / additional fee is enclosed.										
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
<u>1/10/01</u> Date					Signature of Applicant, Attorney or Agent of Record					
					John L. Knoble Typed or printed name					

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): DUNN, et al.

Docket No.

MBI-1064

Serial No.  
UnknownFiling Date  
HerewithExaminer  
UnknownGroup Art Unit  
Unknown

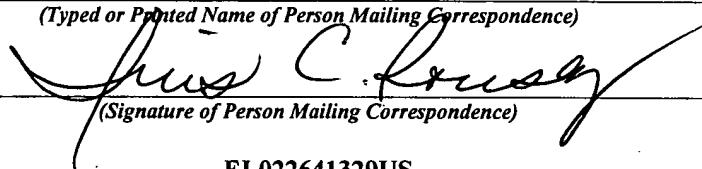
Invention: BOTTLE RACK

I hereby certify that the following correspondence:

Reissue Patent Application Transmittal; Specification, Claims & Abstract (5pgs.); Formal Drawings (3 pgs.); Reissue Application Fee Transmittal Form (in dup); Reissue Declaration and Power of Attorney including Statement of Inoperativeness or Invalidity; Offer to Surrender, Assent of Assignee, and Power of Attorney; PTO Form 1449; Transmittal letter of Information Disclosure Statement ; Copies of cited References; and a Check for \$776.00 .

*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

July 10, 2001*(Date)*Iris C. Rousey*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EL022641329US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**